

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

RECEIVED  
AUG 19 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <b>11084</b>	2. Fiscal Year Covered From <b>01 / 01 / 2004 Through: 12 / 31 / 2004</b>
3. Name and address of person filing. Name <b>MARIA A SOMMA</b> P.O. Box, Bldg., Room No., if any <b>APT 9E</b> Street <b>56 SEVENTH AVE</b> City <b>NEW YORK</b> State <b>NY</b> ZIP Code + 4 <b>10011</b>	4. Name, file number, and address of labor organization. Name <b>ATPAMI LOCAL 18032 / 1A73E</b> Labor Organization File Number <b>049343</b> P.O. Box, Building and Room Number, if any <b>STE 700</b> Street <b>165 WEST 46 ST</b> City <b>NEW YORK</b> State <b>NY</b> ZIP Code + 4 <b>10036</b>
5. Position in labor organization. <b>PRESIDENT</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child (except as specified in the exclusions set forth in the instructions) held an interest in, engaged in transactions (including loans) with, or derived income from an employer whose employees your organization represents.

*Wanted  
as gift*

Following interests

A. Held an interest in, engaged in transactions (including loans) with, or derived income from an employer whose employees your organization represents.

6. Name and address of Employer (including trade name, if any). Name <b>ROGER BELLIND</b> Trade Name, if any: <b>"ANNA IN THE TROPICS"</b> P.O. Box, Bldg., Room No., if any Street <b>TEN EAST 53 ST</b> City <b>NEW YORK</b> State <b>NY</b> ZIP Code + 4 <b>10022</b>	7.a. Nature of Interest <b>ONE SHD VOTE PER LEAGUE</b> 7.b. Amount <b>TONY SIMIL AT E PRICE AT B.O. OR 100.00 TKTS IF TICKETS SENT TO BOOTH OR SUBSCRIPTION PRICES</b>	Following interests <b>WENT TO SEE GATION AS PRODUCER DELINES- AM. "UCERS" THEATRE ED AS 0.00 E BOUGHT FULL WING</b>
--	---	---

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *Maria A Somma* On 8/13/05 212 255 3154  
Date Telephone Number